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Recovery Support Services in Ohio: An Interview with Anita Bertrand

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Introduction

My early interviews with pioneers in recovery management (RM) and recovery-oriented systems of care (ROSC) focused on national (Dr. H. Westley Clark), regional (Lionetta Albright), state (Dr. Thomas Kirk), city (Dr. Arthur Evans, Jr.), program (Mike Boyle), and recovery community organization (Phil Valentine) perspectives. One of the unique aspects of the extension of addiction treatment from an acute care model of intervention to a model of sustained recovery management is the latter's emphasis on the role of peer-based recovery support services in recovery initiation and long-term recovery maintenance. In the interview below with Anita Bertrand, we will explore the development of such services within one particular organizational setting—the Northern Ohio Recovery Association.

Bill White: Anita, what attracted you to work in the addictions field?

Anita Bertrand: Probably my personal recovery. One of my first jobs in the field was working as a secretary at the treatment center where I had gone through treatment. That was a very good learning experience because I was answering the phones and serving as the mediator between the staff and the treatment community. I learned a lot in that role.

The next position I took was what we called a “Night Monitor” or Technician—the person in the residential facility that stayed in the evening and watched the women and their children after the professional staff had left for the day. At that time, I was still attending college and working the night shift to support myself and get more experience.

I then was hired as a counselor and later served as a senior counselor at different agencies before working for the local SSA, which is our local alcohol and drug board. My role there was as a Program Planner. I was responsible for grants management and technical assistance for 23 agencies. I worked with the executive

directors to assure compliance with the state regulations governing addiction treatment.

From there, I went to an agency called Compass House in Loraine as an Executive Director in 2001, and it was through my work at Compass that I ended up birthing the Northern Ohio Recovery Association (NORA). NORA was spun off Compass as its own 501c(3) with a focus on peer-driven services and linking those services to treatment providers in three counties.

NORA began with the support of funding from the Center for Substance Abuse Treatment's (CSAT's) Recovery Community Services Program (RCSP) in 2004, and that initial funding carried us through 2008.

Bill White: Could you describe for our readers what the Northern Ohio Recovery Association is and the scope of its activities?

Anita Bertrand: We originally started with the peer-driven grant in Akron, Ohio; Cleveland, Ohio; and Loraine, Ohio. The goal was to develop a recovery resource center in each of these communities. We train volunteers to provide various peer recovery support services, including recovery mentoring and helping lead local support groups—mostly specialty groups such as a male support group for men with anger, a female support group for women who have experienced domestic violence, and a parenting support group. We host recovery-focused conferences for treatment providers, the recovery community, and the criminal justice system where we provide education on the value of peer recovery support services. More recently, we received a treatment license. We started with the youth and then later went on to work with women and children in Cleveland and then started an adult treatment group in Lorraine. The recovery supports are the foundation of all that we do.

Bill White: That's interesting. Treatment programs are now adding peer services, but with NORA, you began with peer services and then added treatment services.

Anita Bertrand: That's true. And there was tension early on from treatment agencies worried we were going to go after their money. So they were a little standoffish. It was not our intent to get into treatment services, but we did this in areas where there were needs that were not being addressed with existing resources.

Bill White: Could you describe the range of recovery support services that you provide in the different communities you serve?

Anita Bertrand: We provide four types of recovery support services: emotional support, information support, instrumental support, and affiliational support. Many of these are delivered through a recovery mentor—a role that differs significantly from the traditional 12-step sponsor.

Bill White: How many staff and volunteers do you have involved in the recovery support services?

Anita Bertrand: Agency-wide, we have about 40 staff—35 are full-time and 5 are part-time. We train about 100 volunteers a year—500 since we started. We have a core of 25 who are the most active, and we also have interns who work with us.

Bill White: Describe how you use the volunteers.

Anita Bertrand: Well, we just had a recovery month event, and this year, we did the motorcycle ride for recovery. We used the volunteers to help market the event, sell raffle tickets, hang banners, set up tables for the picnic, and do anything else that was needed to make the event go smoothly. Normally, we have a big recovery month banquet dinner where we honor our local recovery advocates, and the volunteers help us plan and host the dinner. It's truly grassroots. The volunteers serve on the committees that put everything together, from who will get the awards to what will be served for dinner.

Bill White: How did NORA come to be involved in recovery housing?

Anita Bertrand: Well, it surfaced very early as an unmet need that went back to when I was getting clean. We put them in these confined treatment programs, we send them home, and we tell them to go to 12-step meetings. For too many, that just isn't enough. What is needed is greater continuity of care as people leave treatment and transition to their home environments, and some need a recovery-focused environment and supports to make that transition. We got involved in sober housing because there just wasn't enough to meet the need. And we had a lot of women and men who were coming from prison, and we were putting them back in harm's way. The sober house came about as a way to give people an opportunity to be in an environment where they weren't being tempted to use on a daily basis. We needed a safe haven.

The first house we opened was in Loraine, and then we opened up a facility for the women here in Cleveland. One of the things that I was adamant about was we were not going to contribute to homelessness by sending people back out into the community without housing and without the necessary skills and tools to make

it. We did not want to treat people with a fixed number of days and then abandon them. We needed to prepare them and the community. We thought of this as BRIDGES (Building Recovery into Diverse Globally Effective Systems). This was not just a bridge from treatment to home; it was a bridge between the streets to recovery and building bridges between all the systems that could make that possible.

As a result, we added whatever support elements that were missing so we could treat a person holistically. We started with the housing and treatment services and then began looking at such issues as domestic violence, the need for job skills and daycare needs. Addiction is so complex, and there are many life areas that need work through the course of recovery. Housing was a big one in our area.

Bill White: What recovery advocacy activities are you involved in through NORA?

Anita Bertrand: I am an advocate at heart. I believe that the larger community needs to understand that recovery is a reality in the lives of many local citizens. I've been sober for 21 years, and people like me are working, paying taxes, and trying to make the world a better place to live for all of us. We try to challenge how the media too often portrays addiction without telling the recovery story. Our job is to instill hope in people, and you do that by making recovery visible. We do this by asking people in recovery to do literature drops, write letters, speak to local groups, and participate in local recovery celebration events. We try to stay in regular touch with our recovery constituents to let them know what is going on and how they can make a difference.

Bill White: How would you describe sort of the state of recovery advocacy and recovery support services today compared to when NORA began in 2004?

Anita Bertrand: That's an interesting but tough question. A great movement rose when the recovery support services were initially funded. There was a lot of energy and a lot of momentum. We still have that, but its intensity ebbs from time to time.

We were able to take a small amount of funding and use it to help mobilize local recovery communities in new ways through the work of our staff and volunteers. We've found ways to validate, encourage, and reward people for the support they provide to others seeking recovery. And we've developed stronger recovery leaders. You know it takes a special leader to understand things from the local all the way up to the national level. I'm very proud of how we've taken

people who were leaders in the community and supported them in that role and also helped them to see their work within the larger recovery advocacy and support movement. We've achieved a lot locally, but I'm also proud of our efforts to support the work that's going on in Washington through Faces and Voices of Recovery and some of the other groups. We've achieved a lot over the past five years.

Bill White: How supportive has your state agency been in funding recovery support services?

Anita Bertrand: I think the state has struggled through changes in leadership at multiple levels. Each new Governor appoints a new Ohio Department of Alcohol and Drug Addiction Services (ODADAS) Director, and as the leadership changes, so do priorities. One set of leaders gets ROSC and peer services, and the next may or may not. And where there has been support for peer services in the mental health arena, we have not had that same level of support within the addictions area. You may have people in a certain department who really get what these services are all about, but others do not. I think there is concern and interest, but is it a priority? I just don't think so. We've seen more community resource centers and consumer-driven supports on the mental health side than in the addictions service arena.

Bill White: Earlier, you referenced some strain in the relationship with treatment providers when NORA began. I'd like you to elaborate on that and share how that relationship has evolved over the years.

Anita Bertrand: The tension was understandable. We were an organization that just sort of popped up out of nowhere. The treatment agencies had to figure out who and what NORA was. We were going to treatment providers and offering recovery mentor services to women and children and also offering to help with other recovery support needs. In Cuyahoga County where my office is located, you've got 50 treatment providers eligible to receive access to these mentors. You may have initially had three who fully understood recovery support services and who fully utilized those services. But what happened was that the community—people in 12-step programs—came to embrace our work, and then many treatment providers followed. Of the three counties that I was first working with, one fully embraced what we were doing and developed a committee to pursue the larger goal of developing a recovery-oriented system of care. We've come a long way from that early resistance and early support.

Bill White: If you look at Ohio as a whole, what percentage of counties do you feel have grasped this recovery support concept?

Anita Bertrand: Well, there are 88 counties in the state. I would say maybe 5 or 6 are making great progress introducing peer recovery support services. I don't want to underestimate that, but this is my best assessment of the present state of affairs.

Bill White: What is your vision for the development of recovery support services over the next decade?

Anita Bertrand: I hope these services will be recognized as legitimate supports by the larger public entity treatment providers and that there will be more alcohol and other drug consumer-driven organizations. I hope peer recovery supports will be seen as a complement to treatment rather than in competition with treatment. I also hope we will evaluate the effectiveness of peer recovery supports on their ability to elevate treatment and recovery outcomes.

Bill White: One of the core ideas of the new recovery advocacy movement has been this belief in the legitimacy of multiple pathways to long-term recovery. Has there been growing acceptance of this idea in Ohio?

Anita Bertrand: In some instances, yes, and I'll be honest, I've had to change my own beliefs in this area. When I first came in to recovery, I understood it only in terms of my own limited experience. Over the years, I have come to have greater understanding and respect for these different pathways to recovery. The ultimate goal is recovery—whether it's through the church, a peer driven resource center, or a treatment provider. What difference does it really make at the end of the day as long as recovery is achieved?

Bill White: Are you seeing increased contact between people in recovery in faith-based groups, 12-step groups, and other groups such as SMART Recovery?

Anita Bertrand: Yes, we are seeing such diversity and it seems to be growing, particularly the growth of recovery ministries in the churches.

Bill White: If you look back over your work since you started at NORA, what have been the greatest obstacles in the development of recovery support services?

Anita Bertrand: The greatest challenge was the initial birthing through the grant and trying to educate the different providers to gain their support.

Bill White: Are there any things looking back that you or others did that really helped establish your credibility?

Anita Bertrand: To be honest with you, I think it was when certain groups or entities needed massive support. We had a very good pulse on the community, and we were able to get them to speak up and stand up and show we were united. It could be a person who really supported recovery was taking a stand on something, and we would show up and let him/her know that we understood where he/she was going, we supported this, and he/she let him/herself be known. I don't think that that had been done before. I think we sort of opened the door for people in recovery to understand the anonymity piece but also understand that you have a right as a human being to have and express a public opinion. We have established credibility by our numbers and visibility, but we have had to be careful not be used or manipulated to support others' personal or institutional agendas.

Bill White: What was the experience like for people in recovery to be together in groups outside the fellowships to publicly talk about recovery?

Anita Bertrand: That's what I'm talking about; it's like a big celebration. It truly is the epitome of what recovery month is all about. I think the lowest number of people we've had is 375, and we've had as many as 700. It's something when you've got 700 people in a banquet room, and they've got their best clothes on, and they're happy, and they're seeing all their friends. I mean, it wasn't just people in recovery; it was professionals, it was the families, and it was our political leaders. We all come together for these events.

Bill White: What would you say is your greatest success to date?

Anita Bertrand: It probably was the launching of the 2003 recovery banquet that set the stage for everything we have done since and for the whole region to begin public recovery celebration events. That first event was in September of '03 when we honored CSAT Director Dr. H. Wesley Clarke and a woman who was at the time our First Lady, Hope Taft, who was also an advocate. We also honored three local people from each of the counties we were working. It was that event that set the tone for our continued work over these years.

Bill White: Anita, what have you most enjoyed in your work at NORA?

Anita Bertrand: I think being able to have a thought—an idea about something that I really believe in—and to see it actually happen. When we put together our first application with the help of the recovery community for these 3 counties, there were certain goals that we set that at the time seemed very ambitious. When we closed the grant out in 2008, all of the goals in that grant had been achieved because of the people in recovery in these communities who were willing to volunteer and to give back. That achievement has been my greatest joy.

Bill White: Anita, thank you for your willingness to be interviewed and for all you do for people seeking and in recovery.

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